

**RECEIVED
CENTRAL FAX CENTER**

AUG 04 2005

**MOTOROLA****FAX TRANSMITTAL SHEET**

Motorola, Inc.
Intellectual Property Section
Law Department
101 Tournament Drive
Horsham, PA 19044

Telephone: 215-323-1850
Facsimile: 215-323-1300

16 Number of Pages (including this page)

Date: August 4, 2005
Examiner: Pyzocha, Michael J.
To: Art Unit: 2137
Location: United States Patent and Trademark Office
571-273-8300
Fax No.:
Attorney: Thomas Bethea, Jr. Reg. No. 53,987
From: Serial No. 09/966,552 Filed: 09/26/2001 Docket No. D02631
Subject:

NOTICE: This facsimile transmission may contain information that is confidential, privileged, or exempt from disclosure under applicable law. It is intended only for the person to whom it is addressed. Unauthorized use, disclosure, copying or distribution may expose you to legal liability. If you have received this transmission in error, please immediately notify us by telephone (collect) to arrange for return of the documents received and any copies made. Thank you.

MESSAGE:

Enclosed herewith, please find Petition for One Month Extension of Time Under CFR 1.136(a) and Response to Office action mailed on April 27, 2005 for filing in the below-identified application.

PLEASE GIVE THESE PAPERS TO:

EXAMINER:
GROUP ART UNIT:

Pyzocha Michael J.
2137

ATTORNEY DOCKET NO.:


D02631

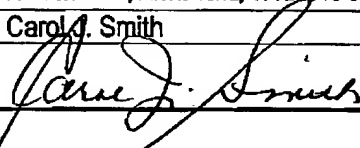
**RECEIVED
OIP/IAF**

AUG 08 2005

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/966,552	
	Filing Date	September 26, 2001	
	First Named Inventor	Alexander Medvinsky	
	Group Art Unit	2137	
	Examiner Name	Pyzocha, Michael J.	
Total Number of Pages in this Submission	Attorney Docket Number	D02631	

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts ISSUE FEE Change of Correspondence Address
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Thomas Bethea, Jr.	Registration No.	53,987
Signature			
Date	August 4, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number <u>571-273-8300</u> or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Carol J. Smith		
Signature			Date
			August 4, 2005

AUG 04 2005

Effective on 12/08/2004		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Application Number	09/966,552
FEE TRANSMITTAL		Filing Date	September 26, 2001
For FY 2005		First Named Inventor	Alexander Medvinsky
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Pyzocha, Michael J.
		Group Art Unit	2137
		Attorney Docket No.	D02631
TOTAL AMOUNT OF PAYMENT		(\$) 120	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: _____ - 20 or HP= _____
 HP=highest number of total claims paid for, if greater than 20

Extra Claims: _____ x Fee (\$): _____ = Fee Paid (\$): _____
 Multiple Dependent Claims: Fee (\$): _____ Fee Paid (\$): _____

Indep. Claims: _____ - 3 or HP= _____
 HP=highest number of independent claims paid for, if greater than 3

Extra Claims: _____ x Fee (\$): _____ = Fee Paid (\$): _____


3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

1 Month Extension of time \$120.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas Bethea Jr.	Registration No.	53,987
Signature		Telephone	215-323-1850
		Date	August 4, 2005